



Tekniqlingz Participant Application Form

Participant Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Contact E-mail: _____

Dance Experience? Yes _____ No _____ Interested in Performing? Yes _____ No _____

Health Problem? Yes _____ No _____ If Yes, Please comment: _____

Physical Problem? Yes _____ No _____ If Yes, Please comment: _____

ASSUMPTION OF RISK AND RELEASE FORM

***THIS IS A RELEASE OF LEGAL RIGHTS -- READ AND UNDERSTAND BEFORE SIGNING
(If participant is under 18 years of age, a parent or legal guardian must also read and sign this form)***

I hereby agree as follows:

MEDIA RELEASE

By initialing below, I give my consent for photographs and videos taken of me during any activity and event within the Tekniqlingz to be used for marketing, promoting, publicity purposes: on the Tekniqlingz website, in brochures and flyers and news releases, and in presentations to future prospective program participants and volunteers.

Please Initial _____

RISKS OF PARTICIPATION

By initialing below, I recognize that there are dangers and risks to which I may be exposed to by participating in the activities and events of the Tekniqlingz. The following is a description and examples of specific, significant, dangers and risks associated with activities within the Tekniqlingz: Muscle pains, body strains, fatigue, possible body part injuries (i.e. hand, knees, legs, ankle, etc.), and others not stated otherwise.

Please Initial _____

By initialing below, I understand that participation in the Tekniqlingz is not a requirement, but I want to do so despite the possible dangers and risks stated in this release. I understand that this risk and release form covers issues that are health and physical related.

Please Initial _____

Official Use Only

Received by: _____ Date: _____

Notes: _____

By initialing below, I therefore agree to assume all of the risks and responsibilities that are in any way associated with the activities and events within Tekniqlingz.

Please Initial _____

ASSUMPTION OF RISK AND RELEASE CLAIMS

Waiver and Release: Knowing the risks described above, and in consideration of being permitted to participate in the activities and events of the Tekniqlingz, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Tekniqlingz. To the maximum extent permitted by law, I release and indemnify the releases from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Tekniqlingz.

Insurance: Further I understand that Tekniqlingz does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Tekniqlingz beyond what may be offered freely by Tekniqlingz in the event of such injury or medical expenses incurred by me.

Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a participant and/or volunteer with Tekniqlingz.

Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and that this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have carefully read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the written statement, have been made.

How did you hear about Tekniqlingz? _____

Are you involved with any Filipino organizations? If so, please list. Yes _____ No _____

Signature of Student Participant

Date

Signature of Parent/Guardian (*if student is under age 18*)

Date

Tekniqlingz is a non-profit organization designated as a 501(c)3 by the IRS. Tekniqlingz is dependent entirely on the support of private donations and performance fees. If you would like to make a donation or pledge, please let us know if we can contact you so we can distribute a donation form to you. Your generous donation is tax deductible.

Are you willing and able to make a tax deductible donation or pledge to TEKNIQLINGZ? YES _____ NO _____

Official Use Only

Received by: _____ Date: _____

Notes: _____